



# BOROUGH OF WREXHAM



THE  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND THE  
CHIEF PUBLIC HEALTH INSPECTOR

1961



BOROUGH OF WREXHAM.

HEALTH DEPARTMENT.

THE

A N N U A L R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

CHIEF PUBLIC HEALTH INSPECTOR.

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BOROUGH            OF            WREXHAM.

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PUBLIC            HEALTH            COMMITTEE.

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S T A F F   O F   T H E  
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G. KEELING.	- Additional Public Health Inspector.
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MISS M.M. PARRY.

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AT GADEIRYDD AC AELODAU Y PWYLLGOR IECHYD.

Mr. Cadeirydd, Foneddigeau a Boneddigion,

Braint i mi ydyw cael cyflwyno fy Adroddiad Blynyddol cyntaf ar iechyd y Dref am y flwyddyn 1961.

Fel y cofiwch, dechreuais ar fy ngwaith fel eich Swyddog Meddygol fis Mawrth diwethaf a hoffwn ddatgan fy ngwerthfawrogiad o'r croeso a'r cynhorthwy parod a gefais gan y Cyngor, gennych chwithau'r Pwyllgor Iechyd, a hefyd gan Glerc y Dref a'r Swyddogion eraill, yn arbennig felly Swyddogion yr Adran Iechyd. Gwnaeth hyn bethau yn llawer haws a mwy pleserus i mi.

Oherwydd i ddau o'm rhagflaenwyr gael eu penodi i swyddi eraill ychydig wedi dechrau ar eu gwaith fel Swyddog Meddygol y Dref, bu Swyddogion yr Adran Iechyd yn gweithio o dan anawsterau. Teimlaf ein bod yn dra ddyledus i'r sawl fu'n gofalu am yr Adran yn ystod yr adeg yma, ac yn arbennig felly i'n Prif Arolygydd Iechyd, Mr. McCartney.

Pan benodwyd fi yn Swyddog Meddygol, penderfynais hyd ag y gallwn roddi pob cefnogaeth ymarferol i ddefnyddio'r iaith Gymraeg yn Yr Adran Iechyd. Bûm yn byw am gyfnodau yng Nghanada a Belgium, ac os dysgais rywbeth tra bûm yno, dyma ydoedd, sef nad oedd defnyddio dwy iaith yn amharu o gwbl ar effeithiolrwydd gweinyddiaeth, ac yn fwy na hynny, bod defnyddio iaith y wlad yn cryfhau a chadarnhau ei diwylliant ac yn un o'r cyfryngau grymusaf i sicrhau hunan barch a chydbwysedd cymeriad. Er nad ydwyf yn Gymro, teimlaf yn ddyletswydd arnaf, yng Nghymru, wneud yr hyn a allaf i ddiogelu y diwylliant Cymreig.

Felly hoffwn ddiolch i chwi am ganiatau i ran o'r Adroddiad Blynyddol yma fod yn yr iaith Gymraeg yn ogystal â'r Saesneg, ac yn ddiolchgar i'r rhai adnabyddus ac anadnabyddus sydd wedi fy nghynorthwyo i droi fy nghynllunion yn ffaith.

Ydwyf,  
Eich ufudd Was,

HARRY SUMMERS.

Swyddog Meddygol.

## NODIADAU AR RAI O BRIF BROBLEMAU

### IECHYD Y CYHOEDD

#### A. YR HEN A'R METHIEDIG

O edrych yn ôl, gwelwn mae caled a fu bywyd y mwyafrif eriod, bwyd sâl a hwmnw hefyd yn brin, tai sâl ac oer heb ddigon o gynhesrwydd, gwaith corfforol trwm, a hynny am oriau hir beunydd heb sôn am wyliau. Ar ben hyn oll 'roedd afiechydon heintus yn gyffredin iawn. Hyd y ganrif ddiwethaf cymharol ychydig oedd nifer yr hen bobl.

Gwelodd y ganrif bresennol newid mawr iawn mewn dau beth o leiaf, gwaith corfforol trwm wedi lleihau a hefyd lleihad yn nifer afiechydon heintus. Mewn canlyniad, cynyddodd nifer yr hen bobl, a pharhau i gynyddu a wna. Pe bai teuluoedd heddiw mor fawr ag yn nechrau'r ganrif pan oedd wyth a rhagor o blant ar un aelwyd yn gyffredin iawn, o bosibl y byddai'r broblem o ofalu am yr henoed yn haws ei datrys. Ond gan fod teuluoedd heddiw y rhan amlaf yn fach a'u cartrefi hefyd yn fychain, mae'n anos i'r plant canol oed ofalu am eu rhieni, ac o'r herwydd rhaid i lawer o hen bobl fyw ar eu pennau eu hunain, heb neb mewn gwirionedd i ofalu amdanynt.

Dyma un o'n problemau cymdeithasol anhawsaf y blynnyddoedd hyn. Daw bywyd yn faich i'r henoed, yn gorfforol ac yn feddyliol. Gresyn gorfod cofnodi, ond rhaid cydnabod, fod tymor diwedd oes rhai ohonynt yn druenus a thôrcalonus. Yn bendifaddau, mae hyn yn warth ar ein gwareiddiad.

Ar y cyfan, teimlaf yn weddol dawel fy meddwl am amgylchiadau yr henoed yn Wrecsam. Nid ydynt yn ddrwg iawn, on serch hynny, bydd gwir angen cymorth arnynt.

Beth allwn ni ei wneud i'w helpu? Yn gyntaf oll, dylem goisio eu cadw yn fywiog, yn hapus ac yn gyfforddus. Sut y gwneir hynny? Darparu ychwaneg o Gartrefi Henoed yw ateb rhai arbenigwyr, gan y byddent yn gymnes, yn lân, ac yn ddeniadol, a byddai digon o fwyd a phrydau da ar gyfer yr henoed. Ond ysywaeth, cymharol ychydig ohonynt sydd yn medru dygymod â'r syniad o fyw mewn Cartref, anodd ganddynt gyfeillachu gyda phobl ddieithr. Cofier hefyd y golygai myned i Gartref symyd yr henoed o'u cynefin, a mwy na thebyg y byddent yn anniddig iawn ac yn dueddol i dorri eu calonau. Yn naturiol, effeithiai hyn ar eu hiechyd.

Pe bai yn bosibl, gwell fyddai trefnu rywsut i'r henoed aros yn eu cartrefi eu hunain. Eu prif anganion yw bwyd a sgwrs a chwmpcini ac ni ddylai gofalu am y rhain fod yn anodd iawn. Ni ofynnai hyn wybodaeth feddygol, dim on dda o synnwyr cyffredin ac ewyllysgarwch. O wybod trwy brofiad fod pryd da o fwyd yn sirioli ac atgyfnerthu llawer ar fywyd yr henoed, hoffwn yn fawr weled

datblygu ac ehangu Gwasanaeth y Prydau ar Olwynion (Meals on Wheels Service). Credaf mai rhyw Fudiadau Gwirfoddol, yn hytrach na Chynghorau Lleol, a allai ofalu orau am hyn. Ni olygai lawer iawn o gostau ariannol iddynt gan y byddai'r Cynghorau Lleol yn gyfrifol am gostau'r bwyd a'r cludiad.

Mae Cymdeithas Gwirfoddol y Chwiorydd (W.V.S.) eisioes wedi gwneud, ac yn parhau i wneud gwaith ardderchog iawn gyda Gwasanaeth y Prydau. Tybed a wnâi y Civic Guild of Help ystyried trefnu i rywrai ymwelod â'r henoed yn eu cartrefi, i dorri ar eu hunigrwydd ac i holi am unrhyw angen. Ni raid cyfryngu'r ymwelwyr i bobl mewn oed. Gwn am un dreflan lle yr ymgwymerodd merched hynaf yr Ysgol Ramadeg â'r gwaith yn ystod eu hawr ginio, a hynny yn hapus a llwyddianus o'r ddwy ochr.

Cyfeiriaf at ddau wasanaeth pwysig arall ar gyfer yr henoed. Y cyntaf yw Gwasanaeth Cynhorthwy Cartref (Home Help Service), i helpu gyda gwaith y tŷ. Mae'n sicr fod hwn o help mawr, ac ar y cyfan mae'r trefniadau yn effeithiol a llwyddianus. Y llall yw Gwasanaeth Ymgeleddu Traed (Chiropody). Gall hwn wneud y byd o wahaniaeth mewn rhai achosion, y gwahaniaeth rhwng myned o gwmpas yn hoyw a chael eu caethiwo i'r tŷ. Hoffwn pe gellid ehangu y Gwasanaeth yma.

Gallwn awgrymu cynlluniau eraill i helpu'r henoed, er enghraifft benthyg celfi nyrsio, trefnu rhai i eistedd gyda'r sawl sydd yn wael, a golchi dillad, ond ar hyn o bryd gwell fyddai canolbwyntio ar anghenion bwyd a chwmpeni. Dyma'r ddau bwysicaf yn fy marn i.

## B. CANCER.

Dyma saldra difrifol. Ar un adeg tybiai hyd yn oed feddygon nad oedd obaith am wellhad oddi wrtho. Erbyn hyn datblygodd ymchwil meddygol gymaint fel y ceir gwellhad mewn llawer iawn o achosion. Ond gwell rhwystro'r drwg mewn pryd, ac ynglŷn â chaner mae yn bosibl yn awr ei rwystro i ryw raddau. Gwyddys beth yw rai o'i achosion, er enghraifft, gall llid olew a thar achosi caner croen; gall triniaeth ormodol belydr-X achosi caner croen ac esgyrn a leukaemia (Cancer gwaed), a bwyd budr ganer y stumog.

Y misoedd diwethaf yma rhoddwyd gryn hysbysrwydd i ganer ysgyfaint fel effaith ysmygu sigarennau. Haedda hwn sylw manylach.

### Cancer yr Ysgyfaint

Awgrymwyd dros 30 mlynedd yn ôl fod ysmygu sigarennau yn achosi'r afiechyd yma, ond rhywsut nis derbyniwyd fel ffaith. Rhwng 1945 a 1950, gwelwyd fod yr afiechyd wedi cael mwy o afael ar ysmygwyr sigarennau. Mae'r ffigurau swyddogol yma o farwolaethau o'r afiechyd yma yn Mhrydain yn awgrymog iawn. Rhif y marwolaethau yn 1940 oedd 5,303, yn 1950 - 19,001 ac yn 1961 - 25,288. Manylaf ar y broblem



yn y oymal Saesneg o'r Adroddiad yma.

Yn sicr rhaid i'r Llywodraeth gyfyngu gwerthu tybaco i blant, cyfyngu cyhoeddusrwydd a hysbysebu, a hefyd cyfyngu ysmegu mewn lleoedd cyhoeddus. Mae'n anghenrheidiol hefyd darbwyllo plant a phobl o'r perygl trwy sgyrsiau a ffilmiau yn yr Ysgolion, trwy erthyglau yn y Wasg, a hefyd trwy ddsbarthu pamffledi yn y cartrefi. Mae'n bwysig iawn dal ati gyda'r propaganda. Rhaid i'r Llywodraeth gyfyngu hysbysebu gan y Cwmnïau, onide bydd yr ymdrechion eraill yn ofer.

Annoeth fyddai rhwystro gwerthu sigarennau yn gyfangwbl, ond i'r sawl sy'n mynnu ysmegu, fy nghyngor i yw iddynt ysmegu pib, ac nid sigarennau, a gwell fyth peidio ysmegu o gwbl.

### C. CLEFYDAU HEINTUS.

Gyda dau eithriad, mae clefydau heintus yn llawer llai yr oes hon nag oeddynt gynt. O gofio y gwahaniaeth yn rhif y boblogaeth rhwng 1861 a 1961, dengys y ffigurau canlynol gymaint mwy o farwolaethau o glefydau arbennig oedd yn 1861. Am bob un a fu farw o'r pla gwyn (T.B.) yn 1961, bu farw 27 yn 1861, 2,000 o teiffoid, dros 2,000 o'r dwymyn goch, dros 1,100 o'r diffftheria, 150 o'r pas, a 500 o'r frech goch.

Am ryw reswm mae'r polio. wedi cynyddu ac yn debyg o gynyddu fel y mae safon byw yn codi. Hyd yma, mae nifer y marwolaethau ym Mhrydain o'r clefyd hwn o dan 1,000 y flwyddyn, ond yn anffodus mae effeithiau y clefyd ar y rhai sy'n gwella yn drwm iawn ac yn eu rhwystro rhag ennill bywoliaeth a mwynhau bywyd. Mae gennym foddion i ddiogelu rhag y clefyd, ac ni ddylem fod yn fodlon nes y bydd pawb yn y dref wedi eu diogelu. Llwyddwyd yn hyn yn Lerpwl, a dylai fod yn bosibl yn Wrecsam.

Bwyd gwenwynig yw'r clefyd heintus arall. Cydnebydd pob gwraig ty o'r bron bwysigrwydd glanweithdra a golchi dwylo, ond mae'r siopwyr a'r sawl sy'n paratoi bwyd yn fwy hwyrfrydig i gydnabod hyn. Dylid trefu cyrsiau i arologwyr mewn siopau ar drin bwydydd. Mae'n talu cyflogi rhai sy'n gwybod rhywbeth am wyddor iechyd. Dylai siopwyr ofalu mai'r nwyddau sy'n dod i mewn yn gyntaf yw'r cyntaf i fynd allan. Cafwyd enghreifftiau yn y Dref hon o'r ododi ar werth hen stoc wedi llwydo, ac y mae hyn yn hollol ddiesgus..

TO THE CHAIRMAN AND MEMBERS OF THE  
PUBLIC HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the Borough of Wrexham for the year 1961.

I began my duties on March 1st, 1962, and I must comment on the warmth of the welcome and the willing assistance that the Council, the Health Committee and the Staff of the Health Department and Guildhall gave me when I commenced, and have given me since. The taking up of my duties was made an even more pleasant task, and a simpler one than it would have been otherwise.

The Health Department has suffered some unfortunate vicissitudes in recent years, in part because several of my predecessors have been promoted to senior positions soon after appointment to the Borough. Unfortunately for the Borough, this has inevitably led to a certain loss of continuity, and credit is therefore due to those who have maintained the Department. Special appreciation must be given, in particular, to Mr. A. McCartney, the Chief Public Health Inspector, who has maintained high standards and kept the Department together, in what must at times have been rather discouraging circumstances.

Before I began my duties, I decided that the use of the Welsh language must be given the support of the Department. I have been much struck, by fairly long periods of residence in Belgium and Canada, of how the simultaneous use of two languages does not detract from efficiency and further, of how the use of the language of a country pays dividends in that it strengthens the native culture of that country and leads to a resilience of character, and an inner self respect not easily obtainable otherwise. One who like myself is not a Welshman, must be all the more determined not to destroy that which has taken centuries to develop. I am obliged to the Health Committee for their agreement, therefore, that a portion of this Annual Report should be in Welsh, and grateful to those, known and unknown, who have helped me to turn my plans into reality.

I beg to remain,

Your obedient Servant,

HARRY SUMMERS.

Medical Officer of Health.

## A COMMENTARY ON PUBLIC HEALTH PROBLEMS

### OF MAJOR IMPORTANCE.

#### A. OLD PEOPLE.

For as long as we know, life for the majority of people, has been harsh; the severe conditions under which so many people lived, the poor and often inadequate food, the insufficient warmth and poor housing, and above all, the long hours of heavy physical labour took their toll, which was accentuated always by the presence of wide-spread infectious disease. Old people were a rarity; people over an age as young as 40 or 50 were not all that common.

The present century has witnessed two simultaneous phenomena, the abolition of much physical labour and the enormous decrease in the incidence of infectious disease. In consequence, there are now relatively and absolutely, more old people than ever before. Were families to be as large as once they were, the habits of former generations when one of the children would look after the old folk, would largely solve the difficulties. But families are small, houses are small, and there are many old people left to live alone.

These old people pose a special problem, for with advancing age they become less active both mentally and physically, and are unable to look after themselves. Everything seems a burden, so they neglect themselves, become apathetic and slowly sink, eventually in the worst cases, dying of starvation amidst the squalor of a filthy house. Such an occurrence is a moral disgrace to a civilisation, more especially to a rich one as is Britain today. And yet such an occurrence is by no means unknown in this Country today.

I have been much impressed by the number of old people living alone in Wrexham; they are not in so bad a position as just described, but nevertheless they are deteriorating and need help.

What can we hope to do? Clearly, lost youth cannot be restored. But we can try to keep them active, happy and comfortable. Then the question arises as to how this should be done, and the answer, at first sight attractive, is that there should be more old people's homes: they are undoubtedly warm, clean and pleasant and the food is good and adequate in amount. But experience has shown that only a limited number of old people are of a temperament suitable for living in a home. It cannot be denied that some old folk are crotchety and do not mix well with others, but more important is that so many old folk are indissolubly wedded to their environment and if taken away, do not survive long. The problem then is to maintain these people in their own homes; when one examines what is needed to do this, it is seen that the problem requires scarcely any medical skill at all. The two things above all that the old people need are food



and companionship, and both of these can be provided by any good-hearted person. So many of them are too apathetic or confused to buy food and cook adequate meals; they brighten up astonishingly when given a good meal. I would like to see a considerable extension of the Meals-on-Wheels Service. Both these Services of food and companionship are more capably organised and managed by voluntary organisations than by local authorities, and neither would require any large volume of funds, for the actual food and transport for the Meals Service are paid for and provided by the local authority. The W.V.S. are doing splendid Service with the Meals-on-Wheels. I wonder if the Civic Guild of Help, who already have a vigorous organisation covering the Borough, would consider whether they might institute a Home Visiting Service to remove some of the loneliness of old people, and to see if the old people require anything. Nor need the visitors necessarily be adults. I have seen a very successful Home Visiting Service where some of the visitors were upper form grammar school girls, who would call in for a few minutes each lunch time.

Two other important services for old people are a Home Help Service, to take over the domestic work, and this service exists and is working well, and a Home Chiropody Service, which can make all the difference between a person being active and being house-bound: there is room for extension of this latter service.

Of minor services that can be provided, there are many, loan of nursing equipment, sitters-up, foul laundry service and others, but I would suggest that these less important services be left over at present and energy put into the more important activities discussed above.

## B. CANCER.

Cancer is a diagnosis which carries sombre overtones; the condition was formerly, even in medical circles, regarded as striking suddenly from nowhere, and in being practically incurable. Neither of these statements is now known to be correct. It is a disease in which a part of the body, very often an internal organ, begins to grow abnormally. That organ becomes damaged and cannot function properly, and in addition, the growth produces chemical substances which have a poisonous action on the body. Finally portions of the growth become dislodged and set up secondary growths elsewhere in the body, and damage these other parts in turn. Methods of treatment have been worked out for many types of cancer, and in the early stages and even occasionally in the not so early stages, are often surprisingly effective. But prevention is much to be preferred to cure, and here further knowledge has led to considerable hope, for it is now quite clear that the disease does not strike suddenly from nowhere, but has a definite cause. The cause is something which damages a part of

the body, and after it has acted for a long time, often for years, that part of the body shows a tendency to develop cancer. Some people are lucky or resistant, and the irritation has to act for a longer period before cancer develops. Some people seem to be able to tolerate a large amount of irritation for long periods and remain free from cancer: others develop cancer after a relatively short period of mild irritation, but as a general rule, it can be said that the more of the population that are exposed to irritation, and the longer the period of action, the greater will be the number of people with cancer.

Examples of irritation are, oils and tars, which lead to skin cancer; inhalation and absorption by mouth of aniline dyes, which are excreted in the urine and leads to bladder cancer; excessive exposure to x-rays and to the products of atomic disintegration which may lead to bone and skin cancers and leukaemia (a type of cancer of the blood); coarse and dirty food, which may be followed by stomach cancer (poor people have twice the rate for stomach cancer, than do better off people). And finally there is now the prominent problem of cancer of the lung following cigarette smoking. This is so important a problem that it deserves a review in detail.

### Cancer of the Lung.

Knowledge about this disease has had a most unusual history, for everything that has been said about it during the last quarter century or so has been for a time vigorously denied. It was claimed in the middle 1930's that the disease was becoming more frequent and that more cases were seen in hospital; but this statement was not accepted at first and it was said that the increase was apparent only; that the cases were there all the time, but that the diagnosis had been missed and that the increased incidence was really due to improved diagnostic methods.

Then in the later 1940's, it was noticed that the disease was commoner in heavy smokers and further study showed that the more cigarettes that people smoked, the more likely were they to develop the disease. This suggestion was ill received. Naturally, smokers were reluctant to accept it, and clearly the financial interests concerned would require very good evidence that the relation between smoking and lung cancer was a real one. Nevertheless, it is interesting to consider how easily it was accepted that certain industrial processes and chemicals might lead to cancer, yet as far as lung cancer was concerned, every conceivable alternative explanation, no matter how bizarre, that was put forward, was considered to be a more likely explanation. Not all of these alternatives need be considered here and only two points will be reviewed, the question of statistics and the problem of diesel fumes.

It has been said that the proof of cigarette smoking as a cause of cancer is statistical only: one is expected to conclude that statistics are poor evidence. In fact, there is no better proof than the statistical one. If statistics forecast that 50 people will develop a disease, one can be sure that the number developing that disease will be 50 or so near to 50 as not to make any material difference. What statistics cannot tell, and it is this uncertainty that is played upon by the pro-cigarette propagandists, is which 50 people, of all the people in the population, will be those to actually develop the disease. An analogy might make matters clearer. Statistics show that minor injuries are commoner in Rugby players than in those who do not partake actively in sport. We can confidently forecast that men who play rugby every day will suffer more minor injuries than those who sit at home. This does not mean that everybody who plays much rugby will be injured: we can find people who have played all their life and never had a scratch, just as we can find people who smoke heavily all their life and never develop lung cancer. We meet people who have never played rugby and stay at home most of their life, but who have received minor injuries, for example, by tripping over a chair. But such people are not common, and equally though some non-smokers do develop lung cancer, such people are unusual. In general, the more games of rugby a man plays, the more likely he is to be injured, and equally the more cigarettes a person smokes, the greater is the risk of lung cancer developing.

Now if we have a group of 100 men who play rugby every day, we can from past experience, or from statistics, if you wish, forecast how many are likely to be injured in a year: let the figure be say 25. We cannot forecast which 25 of the 100 men will receive injuries during the next 12 months, but that does not in the least invalidate the accuracy of our forecast that 25 will be injured. As based on past experience, in the same way we cannot say who will develop lung cancer, but we can be quite accurate as to how many people in a group will develop the disease if we know their smoking habits.

Diesel fumes have been mentioned as a possible cause of lung cancer because the disease is commoner in towns than in rural areas. This possible cause has not been completely studied as yet. But it is suggested that whether diesel fumes turn out a cause or not of lung cancer it does not affect the issue of cigarette smoking. Cigarette smoking increases the risk of developing lung cancer: it is quite possible that there are other factors which also lead to lung cancer. But because a second cause is found, it clearly does not by any means follow that the first cause ceases to act. A man brings home a wage each week-end: some of this has been earned playing a guitar in a 'pub' in the evenings. But this does not exclude the possibility that the man has a regular job during the day. We must not allow the possibility of diesel fumes to distract us from an attack where preventive measures will do most good, that is, on cigarette smoking.



The Registrar General's figures for known deaths from lung cancer are instructive. In 1940 there were 5,303 deaths: in 1950 there were 19,001 deaths, in 1961 there were 25,288 deaths from this disease.

What can we do? Clearly the time has come for Government action in restricting the sale of tobacco to children, restricting advertising and restricting smoking in public places. Education by talks and films in schools, by articles in the press, even by pamphlets distributed to all homes, are essential. But it is important that the propaganda be maintained. And Government help in restricting advertising by tobacco firms is essential, or the firms will match the local authority's action by a hundredfold factor. Lastly, one must take a realist viewpoint of human nature; nobody with any experience of Germany at the end of the war, where cigarettes were the accepted currency, or with any knowledge of how prohibition in America facilitated the rise of gangsterism in the 1920's, would ask for a ban on cigarette sales. Our last state will then be far worse than our first. And since some people will smoke, no matter what, the slogan should be "It is better not to smoke at all. But if you must smoke, then smoke a pipe".

### C. INFECTIOUS DISEASE.

Infectious disease which was so common at one time is now, with two exceptions, much rarer than before. Allowing for the different size of the population, as compared with 1961, then in 1861 there were 27 times as many deaths from tuberculosis, 2,000 times as many deaths from typhoid fever, over 2,000 times as many from scarlet fever, over 1,100 times as many from diphtheria, 150 times as many from whooping cough, 500 times as many from measles.

Poliomyelitis, for no known reason, is now more common, and seems to become more frequent as the standard of living rises. The number of deaths it causes, even in the worst years, is less than 1,000 for all Britain, but in those who recover, there is so often a crippling residue of paralysed muscles and weakness, which may require wheel-chairs, orthopaedic appliances and hospital treatment, and which so seriously interfere with earning a livelihood, and with enjoyment of life. We have fortunately a means of prevention and we must not be content until everybody in the town has been immunised. It has been done in Liverpool and can be done in Wrexham.

The other infectious disease and a problem which has not been properly tackled, is that of food poisoning. This is due to contaminated food and is largely preventable. The importance of cleanliness and of hand washing is soon accepted by the housewife, but curiously enough less easily accepted by some shop-keepers and food preparers. Supervisors in shops should be given the opportunity of attending short (one, two, or three days) courses on food handling.

It is not economical to employ other than good staff in shops, as they do not understand the need for hygiene. And shop-keepers must learn to rotate their stocks: the slogan should be "first in, first out"! There have been a number of instances of old mouldy stock being offered for sale in the Borough, and this is inexcusable.

THE STATISTICAL PART OF THE REPORT.

SECTION 1. INTRODUCTION.

Wrexham is the largest town in Wales, outside of the counties of Glamorgan and Monmouthshire, and covers an area of 2,916 acres. It is both an industrial and market town. Most of the industries are just outside the town itself, but draw much of their labour force from Wrexham. The major industries include coal mining, iron and steel production, celanese production, surgical dressings, chemicals, and tanning. Not only do many people for some distance around use the town as a shopping centre, but there is also a busy cattle market and a well equipped abattoir.

The Population of the Borough has grown considerably in recent years as the table shows.

<u>Year.</u>	<u>Population.</u>	<u>Actual Increase</u> <u>on Previous Year.</u>	<u>Natural Increase</u> <u>on Previous Year.</u>
1946.	27,800 (Estimate).	2,130	226
1951.	30,940 (Estimate).	470	164
1956.	32,810 (Estimate).	480	257
1961.	35,427 (Census figure).	2,837	315

The Rateable Value of the Borough of Wrexham in April, 1962 was £444,659. The product of a penny rate in 1961-2 was £1,753 and the estimated product for 1962-3 is £1,780.

Houses. There were 10,778 inhabited houses on December 31st, 1961. Of these, 5,225 were Corporation houses. Wrexham, where about half the houses are owned by the Borough, has one of the highest proportions of such houses in the Country. The density of persons per house was 3.4

## SECTION 11. BIRTHS, INFANTS AND MOTHERS.

The Vital Statistics for this section of the report follow.

### Live Births.

There were 671 live births during the year, being 88 more than in 1960. These births were distributed as follows:-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate live births ...	335	316	651
Illegitimate live births ...	13	7	20
Total live births ...	348	323	671

Illegitimate live births formed 2.9% of total live births, a rate considerably below the average for the Country.

### Stillbirths.

There were 21 stillbirths during the year, one more than in 1960. These births were distributed as follows:-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate stillbirths ...	13	7	20
Illegitimate stillbirths ...	-	1	1
Total stillbirths ...	13	8	21

### Total births.

By adding together live and stillbirths, the total number of births in 1961, is found to be 692, distributed thus:

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Total legitimate births ...	348	323	671
Total illegitimate births ...	13	8	21
Total of all births ...	361	331	692

### Infant Deaths.

There were 9 infants who died before reaching the first birthday compared with 11 in 1960. These deaths were distributed thus:

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Deaths of legitimate infants	6	3	9
Deaths of illegitimate infants	-	-	-
Total of all infant deaths	6	3	9

### Infantile Mortality Rate.

The total infant death rate per 1,000 total live births was 13.4. The legitimate infant death rate per 1,000 legitimate live births was 13.8. The illegitimate infant death rate per 1,000 illegitimate live births was nil.

### Neo-natal Mortality Rate.

Of the 9 infants who died in their first year, 8 died within the first month of life. Of these 8 infants, 5 were boys and 3 girls, and all were legitimate. Thus the Neo-natal Mortality Rate, or the death rate of infants in their first month of life, was 11.9 per 1,000 total live births.

### Early Neo-natal Mortality Rate.

Of the 8 infants who died within the first month of life, all 8 actually died within the first week of life, thus the Early Neo-natal Mortality Rate, or the death rate of infants in their first week of life, is the same as the Neo-natal Mortality Rate viz. 11.9 per 1,000 total live births.

### Peri-natal Mortality Rate.

This figure gives an indication of the hazards of being born, and includes all stillborn children together with all the deaths occurring during the first week of life. There were 29 such deaths, 18 in boys and 11 in girls, giving a Perinatal Mortality Rate of 41.9 per 1,000 total live and stillbirths.

### Maternal Mortality (including abortions).

There was one death associated with childbirth during 1961, and none due to abortion, so that the Maternal Mortality Rate was 1.4 per 1,000 total live and stillbirths.



## Commentary on Section 11.

### Infantile Mortality Rate.

More babies die during the first year of life than during the succeeding years of childhood, and of these deaths in the first year, most occur during the first month of life.

The age at death and the cause of death in the nine infants who died during the first year of life is given in the table below.

AGE AT DEATH.		CAUSE OF DEATH.
1 hour.	F.	Intra-cranial haemorrhage.
3 hours.	M.	Prematurity.
3 hours.	F.	Prematurity.
3 hours.	M.	Prematurity.
6 hours.	M.	Prematurity.
20 hours.	M.	Prematurity.
1 day.	M.	(a) Atelectasis. (b) Intra-cranial haemorrhage.
2 days.	F.	Congenital hydrocephalus.
7 months.	M.	Cyanotic congenital heart disease.

The Stillbirth Rate for Wrexham is rather higher than for the county as a whole, and has not changed much in the last few years, although infantile mortality of other types has fallen. The steadiness of the stillbirth rate is shown in the following table.

YEAR.	No. of Stillbirths.	Rate per 1,000 Live and Stillbirths.	Rate per 1,000 Population.
1950.	21	37.2	0.6
1951.	20	36.9	0.6
1952.	10	17.2	0.3
1953.	15	28.1	0.46
1954.	15	27.0	0.46
1955.	14	25.7	0.43
1956.	11	18.9	0.33
1957.	17	28.1	0.53
1958.	15	24.5	0.5
1959.	14	21.1	0.4
1960.	20	33.2	0.6
1961.	21	30.3	0.6

The information in the two tables immediately above shows that of the infants who do not survive, almost all the deaths occur at birth, or shortly before, or soon afterwards. Many of the deaths are the result of toxæmia in the mother, a condition which is prone to be followed by a stillborn child, or a premature one too weak to survive. There is tentative evidence that an important contributory cause of toxæmia is unsatisfactory nutrition of the mother, and that this is of long standing and not limited merely to the period of pregnancy.

Illegitimate births, which were 2.9% of all live births, are fewer in proportion than for the Country as a whole. In earlier decades, illegitimate babies had a considerably higher death rate than legitimate babies because they were less well cared for, but in recent years, for Wrexham as for the Country as a whole, the two death rates are not very different; in fact, no illegitimate baby died during the first year of life in Wrexham in 1961. This suggests that our schemes for helping the mother before, at the time of, and after birth, are reasonably satisfactory, and this is a cause for some self-congratulation.

Finally, it is instructive to see how the infantile mortality rate has been brought down in a period as short as twelve years. The rates since 1950 are given in the next table.

YEAR.	Deaths per 1,000 live births.	YEAR.	Deaths per 1,000 live births.
1950.	44.2	1956.	22.8
1951.	28.7	1957.	27.2
1952.	35.02	1958.	26.8
1953.	32.9	1959.	30.8
1954.	18.6	1960.	18.9
1955.	30.18	1961.	13.4

## SECTION 111. DEATHS.

Of Borough residents, 356 died during the year, a decrease of 31 on the previous year's figure. Of these, 184 were Males and 172 were Females, giving a crude death rate of 10.05 per 1,000 population.

This crude death rate is a misleading figure however, for it is inevitably higher in a town with many old people, though the town be healthy, and is lower where there are many young people, though the environment be unsatisfactory. The corrected death rate for Wrexham, adjusting for variations of sex and age as compared with the Country as a whole is 12.15 per 1,000 population. The figure for the Country as a whole is 12.0, so that Wrexham is slightly worse off than Britain taken as a whole.

The Registrar General's Return of causes of death for Wrexham for 1961 follows:-

<u>Causes.</u>				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1.	Tuberculosis, respiratory	...	...	2	1	3
2.	Tuberculosis, other	...	...	-	-	-
3.	Syphilitic disease	...	...	-	1	1
4.	Diphtheria	...	...	-	-	-
5.	Whooping Cough	...	...	-	-	-
6.	Meningococcal Infection	...	...	-	-	-
7.	Acute Poliomyelitis	...	...	-	-	-
8.	Measles	...	...	-	-	-
9.	Other infective and parasitic diseases	...	...	-	-	-
10.	Malignant neoplasm, Stomach	...	...	9	6	15
11.	Malignant neoplasm, Lung, Bronchus	...	...	20	1	21
12.	Malignant neoplasm, Breast	...	...	-	4	4
13.	Malignant neoplasm, Uterus	...	...	-	4	4
14.	Other malignant and lymphatic neoplasms	...	...	19	20	39
15.	Leukaemia and aleukaemia	...	...	11	-	1
16.	Diabetes	...	...	-	4	4
17.	Vascular lesions of nervous system	...	...	25	35	60
18.	Coronary disease, angina	...	...	39	22	61
19.	Hypertension with heart disease	...	...	4	3	7
20.	Other heart disease	...	...	13	25	38
21.	Other circulatory disease	...	...	6	4	10
22.	Influenza	...	...	3	1	4
23.	Pneumonia	...	...	5	9	14

<u>Causes.</u>				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
24.	Bronchitis	...	...	14	6	20
25.	Other diseases of the respiratory system	..	....	-	2	2
26.	Ulcer of stomach and duodenum	...	...	3	2	5
27.	Gastritis, enteritis and diarrhoea	...	...	1	-	1
28.	Nephritis, nephrosis	...	...	3	1	4
29.	Hyperplasia of prostate	...	...	3	-	3
30.	Pregnancy, childbirth, abortion	...	...	-	1	1
31.	Congenital malformations	...	...	1	2	3
32.	Other defined and illdefined diseases	...	...	9	16	25
33.	Motor vehicle accidents	...	...	3	-	3
34.	All other accidents	...	...	1	1	2
35.	Suicides	...	...	-	1	1
36.	Homicide and operations of war	...	...	-	-	-
				184	172	356

#### Commentary on Section lll.

Cancer is covered by causes 10 to 15 and accounts for 84 deaths.

Diseases of the heart and blood vessels are covered by causes 17 to 21 and account for 176 deaths.

Diseases of the lungs are covered by causes 1, and 22 to 25 and account for 45 deaths.

These three are the major causes of death, accounting for 305 of the 356 deaths in the year. All other causes account for 51 deaths. The rareness with which infectious disease now causes death is to be remarked; three deaths from tuberculosis, one from syphilis and four from pneumonia. No deaths occurred from the diseases which alarmed not only our parents, but also at one time, the older people of our own generation. None from diphtheria, none from whooping cough, none from meningitis, none from measles. There could hardly be a more striking testimonial to the usefulness of our immunisation campaigns, or of the efficiency of modern drugs, if a patient should contract an infectious disease. But all the more is it important to preach the necessity for immunisations. And the causative organisms of disease do change their character over the years and they may yet again become sufficiently virulent by a process of natural change to overcome body resistance and cause future epidemics. We cannot



afford to relax and rest on our laurels. Widespread immunisation is as essential as ever.

Cancer has been discussed, and no more need be added than a table of the organs affected.

				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Stomach	...	...	...	9	6	15
Lung and Bronchus	...	...	...	20	1	21
Breast	...	...	...	-	4	4
Uterus	...	...	...	-	4	4
Others	...	...	...	19	20	39
				<u>48</u>	<u>35</u>	<u>83</u>

It must be stressed once again that the part of the body which is affected by cancer more often than any others in males, is the lung. Twenty Wrexham men died from lung cancer last year: if the town had consisted of non-smokers, probably only one of these men would have died from this condition.

Heart and Blood Vessel Diseases. Although these organs are the commonest of all sites for the fatal illness, little can be said as to causative factors, for speculation far outweighs proven fact. But there is some evidence that angina at least may be commoner and begin at an earlier age in those who take little exercise, and once again commoner in those who smoke than in non-smokers.

Diseases of the Lung. Tuberculosis is no longer "captain of the men of death", and apart from lung cancer, bronchitis is now the commonest of the lung diseases to cause death. Again we have to speculate on just what causes the disease, but beyond doubt the disease is more frequent in smoky industrial towns than in rural areas with a more equable climate. We can with confidence expect a reduction in the incidence of bronchitis when smoke control schemes have clarified our atmosphere.

The table shows death caused by lung disease.

				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
T.B. Respiratory	...	...	...	2	1	3
Pneumonia	...	...	...	5	9	14
Bronchitis	...	...	...	14	6	20
Influenza	...	...	...	3	1	4
Others	...	...	...	-	2	2
				<u>24</u>	<u>19</u>	<u>43</u>

Finally it is instructive to note that although great improvements have been effected in infantile mortality, so that infinitely fewer children now die, improvements in the death rate for the older age groups are far less striking, so that the corrected death rate for the last twelve years shows little change.

1950.	...	11.8	1956.	...	10.8
1951.	...	11.04	1957.	...	10.6
1952.	...	11.95	1958.	...	11.5
1953.	...	10.49	1959.	...	12.3
1954.	...	11.16	1960.	...	13.7
1955.	...	12.16	1961.	...	12.15

## SECTION IV.

## INFECTIOUS DISEASES.

There were 618 cases of infectious diseases notified in the Borough during 1961: of these 538 were cases of measles. Measles is a disease which assumes epidemic proportions every other year, for reasons which are not understood; 1961 was an epidemic year. Measles causes much absence from school during its epidemic years, and leaves a residuum in a number of children of long lasting ear infections, and to a less extent of proneness thereafter to chest infections. It is the only one of the serious diseases of childhood, which are common in this country, for which we have as yet no protective measures. However, research workers are active, and a preventive inoculation against the disease is under trial: one hopes that before long it will prove satisfactory, and become available for general use.

There were no cases of diphtheria, and only 11 cases of whooping cough; these good results must be attributed entirely to the immunisation facilities provided. But a number of children even now remain unimmunised, and are susceptible to whooping cough with its chronic chest trouble, and its high fatality rate in infants, and susceptible also to diphtheria should the disease be introduced into the town. It must be stressed that diphtheria is a very serious disease indeed, with high mortality rate and trouble such as damaged hearts and nerve paralysis in the survivors.

Food Poisoning. Notification of nine cases of dysentery and of one case of food poisoning were received, but there is a good reason to believe that the notifications of these two diseases are far from complete, and that many cases occur which are not notified, and which indeed may not seek medical advice at all. People eat out more often, hygienic measures in shops and eating places are sometimes inadequate, and staff do not always take the care that they should. Perhaps only a minority of food shops, eating places and staff are at fault, and many places indeed are excellent and rightly pride themselves on this. But the minority spread disease and very serious attempts must be made to reduce the incidence of infection.

The following table lists the notifications of infectious diseases which were received during 1961.

DISEASE.	Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 44	45 to 64	65 Plus.	TOTAL.
Smallpox	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	1	3	-	-	-	-	4
Pneumonia	-	-	-	-	1	6	2	3	12
Erysipelas	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Polioomyelitis	-	-	-	-	-	-	-	-	-
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-
Dysentery	-	3	-	2	2	2	-	-	9
Typhoid & Paratyphoid	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	26	-	-	26
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Measles	33	152	163	188	2	-	-	-	538
Whooping Cough	2	-	6	3	-	-	-	-	11
Food Poisoning	-	-	-	-	-	1	-	-	1
Tuberculosis, Pulmonary	-	1	1	-	-	5	6	4	17
Tuberculosis, Other	-	-	-	-	-	-	-	-	-
TOTALS.	35	156	171	196	5	40	8	7	618

and expressed as rates per 1,000 of population, notification and death rates are shown in the next table.

DISEASE.	Rates per 1,000 Population.			
	NOTIFICATIONS.		DEATHS.	
Dysentery	9	0.3	-	-
Typhoid	-	-	-	-
Paratyphoid	-	-	-	-
Meningococcal Infection	-	-	-	-
Scarlet Fever	4	0.1	-	-
Whooping Cough	11	0.3	-	-
Diphtheria	-	-	-	-
Erysipelas	-	-	-	-
Smallpox	-	-	-	-
Measles	538	15.2	-	-
Pneumonia	12	0.3	14	0.4
Acute Poliomyelitis	-	-	-	-
Acute Paralytic	-	-	-	-
Acute Non-paralytic	-	-	-	-
Tuberculosis, Pulmonary	17	0.5	3	0.08
Tuberculosis, Other	-	-	-	-
Food Poisoning	1	0.03	-	-



Tuberculosis is a disease caused by the bacilli of tuberculosis, but these organisms have difficulty in establishing themselves in the well-fed, living under good conditions. The disease is usually found, therefore, in those living under poor conditions, with bad housing, poor food and an exhausting physical labour. It affects most often the least cared for sections of the community: at one time this meant children and especially young adolescents. Now there is full employment for parents and good social and health services available for the younger groups, the disease is far less common in them, and it is now found in middle aged and older people, whose earning capacity and income are beginning to fall off. In fact in 1961 no notifications were received in 5 - 24 age group, which not so long ago was the peak age period for the disease.

In 1961, 17 cases of pulmonary tuberculosis were notified in the Borough, 12 males and 5 females and the age distribution is given in the next table.

	0-1	1-4	5-24	25-34	35-44	45-54	55-64	65 Plus.
No. of male cases	-	-	-	1	1	3	3	4
No. of female cases	-	2	-	1	2	-	-	-
TOTAL CASES	-	2	-	2	3	3	3	4

No cases of tuberculosis in organs other than the lung were notified during the year.

The number of cases and deaths, and the rates of each per 1,000 population is given in the next table. It will be seen that the death rate has fallen more dramatically than the incidence rate; effective drugs for treatment are available, but there is still much to be done to reduce the incidence of the disease.

YEAR.	No. of Cases.	Case Rate per 1,000 Population.	No. of Deaths.	Death Rate per 1,000 Population.
1950.	24	0.8	10	0.3
1951.	17	0.6	8	0.3
1952.	46	1.4	4	0.1
1953.	50	1.5	5	0.2
1954.	31	0.9	6	0.2
1955.	24	0.7	1	0.03
1956.	20	0.6	1	0.03
1957.	23	0.7	4	0.1
1958.	14	0.4	3	0.09
1959.	27	0.8	2	0.06
1960.	27	0.8	6	0.2
1961	17	0.5	3	0.08

The following table shows the number of cases on the Tuberculosis Register on the 1st January and 31st December, 1961.

	PULMONARY.			NON-PULMONARY.		
	Male.	Female.	Total.	Male.	Female.	Total.
1st January, 1961.	164	119	283	17	25	42
31st December, 1961.	136	103	239	15	23	38

## SECTION V. IMMUNISATION AND VACCINATION.

### Triple Antigen.

Triple Antigen, which protects against diphtheria, whooping cough, and tetanus, is now used as a routine, and the other protective materials, which protect against only one or two of these diseases, are used only if there is some special indication.

The table shows the number of children protected against one or more of these diseases.

### Triple Antigen.

	Age 0 - 1	2 - 4	5 - 15
No. of children	433	145	8

### Diphtheria and Whooping Cough Only.

	Age 0 - 1	2 - 15
No. of children	4	Nil.

### Diphtheria protection alone.

	<u>INITIAL PROTECTION.</u>			<u>BOOSTER PROTECTION.</u>	
	Age 0 - 1	2 - 4	5 - 15	1 - 4	5 - 15
No. of children	2	51	963	53	104

The following table shows how diphtheria and whooping cough have become rarer, as the number of children immunised has increased.

YEAR.	No. of children immunised against diphtheria and whooping cough.	No. of cases of diphtheria notified.	No. of cases of whooping cough notified.
1953	248	-	111
1956	429	-	35
1959	362	-	66
1961	590	-	11

No case of diphtheria has been notified since 1950.

### Poliomyelitis Immunisation.

In 1961, protection against poliomyelitis was available only by injection. The table shows the number of persons completing the course of immunisation: it is rather overweighted by older people because until 1960, protection was provided only for children. In 1961, fourth doses were available only for school children.

	Age 0 - 4	5 - 14	15 - 24	25 - 40
Completing course of 2 injections.	382	677	527	1,910
Receiving booster dose of 3rd injection.	12	226	140	544
Receiving booster dose of 4th injection.	4	3,050	-	-

### Smallpox Vaccination.

The table shows the number of children and adults vaccinated against smallpox.

#### Vaccinated for the first time.

	Age 0 - 1	2 - 4	5 - 15	15 +
Number	278	39	7	36

#### Revaccinated.

	Age 0 - 4	5 - 15	15 +
Number	-	22	35

### Commentary on Section V.

There were 671 live births during 1961, and 433 infants were given triple antigen during their first year, so that about 65% of babies were protected. The spread of protection is better than in 1959, when only 40% of babies were immunised, but still not as good as in 1960, when 83% were protected. There is room for further health propaganda: the present state of immunisation cannot be regarded as satisfactory.

The number of children protected against smallpox is even less, 334. Smallpox vaccination protects for only 5 to 7 years, and many think it not worth having unless repeated every few years. This conclusion is not however justified. Smallpox vaccination done for the first time in an adolescent or adult carries a small but definite risk. In very young children the risk is minimal, and should there be a smallpox outbreak in later years, those who **have** now grown up but have been vaccinated before, can be vaccinated again without risk at all. It is therefore worth vaccinating at the safe age so as to be able to vaccinate again at older ages if the need arises.

In 1962, poliomyelitis protection given by mouth will be available, and one cannot then be satisfied until everybody in the Borough has been protected.

## SECTION VI. HOUSING.

The number of people applying for Council houses on the books in December, 1961 is shown in the next table.

### Now Living in Apartments.

Apartments within the Borough	-	522.
Apartments outside the Borough	-	<u>33.</u>
		<u>555.</u>

### Householders.

Living within the Borough	-	319	
Living outside the Borough	-	<u>56</u>	
		<u>375</u>	Total - 930.

Details of Slum Clearance progress are given in the Chief Public Health Inspector's Report.



## SECTION VII.

### EXERCISE OF FUNCTIONS UNDER THE PUBLIC HEALTH ACTS, 1936 AND 1961.

#### 1. Water Supply.

I am obliged to Mr. H. Seddon, B.Sc., M.I.C.E., M.I.W.E., Engineer to the Wrexham and East Denbighshire Water Company for the following report on the water supply.

- (a) The water supply of the area has been satisfactory both in quality and quantity.
- (b) The Company had bacteriological examinations made on 31 samples of water as supplied to Wrexham during 1961. All the results were graded as Class 1. I enclose chemical analyses of the water from the four filter stations which supply water to Wrexham, namely Gronwen, Legacy, Packsaddle and Llwyn-Onn Filtration Works.
- (c) The only raw waters which have plumbo solvent action are from the moorland gathering grounds and treated at Gronwen and Legacy. The pH of these waters are, however, corrected by dosing with sodium carbonate and the water as supplied into the district has no plumbo solvent action. An extra precaution, however, is taken in that all lead pipes are tin washed.
- (d) No action has been required in respect of any contamination.
- (e) Dwelling houses supplied direct - 11,824.  
Dwelling houses supplied by standpipe - Nil.

#### 2. Sewerage and Sewage Disposal.

During 1961, the extensions to the Five Fords Sewage Works and a new main drainage scheme for the north eastern side of the Borough were completed and sewerage and sewage disposal arrangements are satisfactory.

#### 3. Registered Common Lodging Houses.

There are no registered common lodging houses in the Borough.

## SECTION VIII. THE PROVISION OF HEALTH SERVICES.

### 1. INFANT WELFARE CLINICS.

There are four infant welfare centres in the Borough, giving a total of six afternoon sessions. At the clinics, babies and children are checked to see that they are making good progress, and any questions which mothers wish to bring up are dealt with in a leisurely and unhurried manner, but should treatment be necessary, the children are referred to their family practitioners.

All immunisation procedures are freely available at the centre, and infant foods are sold at reduced prices.

The clinics are held on the following days:-

Gatefield, Kings Mills Road.	-	Monday Afternoon.
No. 1, Grosvenor Road.	-	Monday & Wednesday Afternoon.
Garden Village Institute, Kenyon Avenue.	-	Wednesday Afternoon.
Queen's Park.	-	Monday & Thursday Afternoon.

2. ANTE-NATAL CLINICS are held at the Maternity Unit of the Maelor General Hospital on Tuesday, Wednesday and Thursday mornings. Relaxation classes are held by appointment at the 1, Grosvenor Road Clinic and at Queen's Park Clinic. These have been found very helpful indeed by many expectant mothers. Post-natal exercise classes are also held at these clinics.

3. FAMILY PLANNING CLINIC. This clinic is run by the Family Planning Association, a voluntary organisation, in rooms provided by the Health Department at 1, Grosvenor Road, on Thursday afternoons. A lady doctor is in attendance.

4. DENTAL CLINICS are held at 1, Grosvenor Road as follows:-

Maternal & Child Welfare patients	-	Monday.
Fillings ... ..	-	Monday, Wednesday & Friday.
Orthodontics... ..	-	Alternate Tuesdays & every Thursday.
Casual attenders ... ..	-	Tuesday & Friday.

It is hoped to hold dental clinics at the Queen's Park Clinic when the vacancy for a Dental Officer has been filled.

5. OTHER CLINICS.

Speech Therapy Clinics are held weekly at 1, Grosvenor Road by appointment.

Ophthalmic Clinics are held at 1, Grosvenor Road as needed.

Orthopaedic Services. The diagnosis and after-care treatment of orthopaedic cases is carried out at the Wrexham and East Denbighshire War Memorial Hospital, supplemented by institutional treatment at the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen.

A Venereal Disease Clinic is held in the Out-patients Department of the War Memorial Hospital.



SECTION IX.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1961.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Sixteenth Annual Report on the work of the Public Health Inspectors' Department.

Dr. F.P. Peach took up his appointment as Medical Officer of Health in February, but by the end of the year he had tendered his resignation on being appointed Deputy County Medical Officer of Health for Denbighshire. I had enjoyed working with him, and wish him well in his new post.

Clean Air must take pride of place in this year's activities, with the confirmation of the town's first Smoke Control Order, and it is hoped that steady progress will be continued in this important sphere of environmental health.

Good progress was also maintained in the clearance of unfit houses, and there is no doubt that the standard of housing in the Borough continues to improve.

One disturbing feature in the public health field is the continued lack of support for the Municipal Abattoir.

I would like to express my thanks to you, Mr. Chairman, and to the Vice-Chairman and Members of the Committee for all the help and encouragement I have received during the year. My thanks are also due to all the Officers of the Council, and I am very much indebted to my Staff for their excellent work during 1961.

I am,

Mr. Chairman, Ladies & Gentlemen,  
Your obedient Servant,

A. McCARTNEY.

CHIEF PUBLIC HEALTH INSPECTOR.

# TABULATED SUMMARY OF SANITARY ADMINISTRATION.

Total No. of Inspections made ... ..	8,663
Total No. of Complaints received... ..	622
Total No. of Notices served ... ..	220
Total No. of Interviews with owners etc., ... ..	468

## ATMOSPHERIC POLLUTION.

No. of smoke observations made ... ..	63
No. of visits made ... ..	226
No. of Notices served (Informal)... ..	1
No. of deposit gauges sited in the Borough ... ..	1

The average monthly deposit of soot etc., for the past three years is as follows:-

	<u>1959.</u>	<u>1960.</u>	<u>1961.</u>
Parish Church Site ...	14 tons.	12 tons.	11 tons.

Progress on smoke control has continued during the year. The first Smoke Control Order, covering fifty acres in the centre of the town was confirmed by the Minister of Housing and Local Government, and will come into operation on August 1st, 1962.

A phased programme for further smoke control areas was submitted to the Council during the year; authority was given to proceed with the second smoke control area covering 226 acres with 875 premises, mainly houses.

Two further areas were approved in principle, with a total area of 775 acres, and including 1,900 houses.

It is hoped that these three areas, covering one third of the Borough, will be in operation by 1965.

## BED BUGS.

No. of inspections made ... ..	27
--------------------------------	----

### No. of Council Houses:-

(i) Found to be infested ... ..	7
(ii) Disinfested by this Department ... ..	7

### No. of Other Premises:-

(i) Found to be infested ... ..	2
(ii) Disinfested by this Department at owner's expense. ... ..	2

## CINEMAS AND PLACES OF ENTERTAINMENT.

No. of inspections made	...	...	...	...	...	30
No. of Informal Notices served	...	...	...	...	...	-
No. of Notices complied with	...	...	...	...	...	-

## CLOSETS.

Cleansed and limewashed	...	...	...	...	...	1
No. of water-closets repaired or reconstructed	...	...	...	...	...	11
No. of flushing cisterns repaired or renewed...	...	...	...	...	...	10
No. of new water-closet pans or pedestals	...	...	...	...	...	5
No. provided with supply of water..	...	...	...	...	...	-

## COMMON LODGING HOUSES.

No. on Register..	...	...	...	...	...	Nil.
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## DRAINS.

Drains constructed or reconstructed	...	...	...	...	...	3
Repaired or cleansed...	...	...	...	...	...	22
New inspection chambers	...	...	...	...	...	-
Ventilated.	...	...	...	...	...	-
Gullies provided or renewed..	...	...	...	...	...	-
New sinks provided	...	...	...	...	...	1
Sink waste pipes repaired or renewed	...	...	...	...	...	4
Soil and ventilating pipes repaired or renewed.	...	...	...	...	...	-

## FACTORIES (EXCLUDING BAKEHOUSES).

No. of Factories in District (Mech.)	...	...	...	...	...	185
No. of Factories in District (non-Mech.)	...	...	...	...	...	50
No. of inspections made	...	...	...	...	...	171
No. of contraventions found..	...	...	...	...	...	3
No. of contraventions remedied	...	...	...	...	...	3
No. of contraventions outstanding at end of year	...	...	...	...	...	-

## INFECTIOUS DISEASES ENQUIRIES.

No. of investigations carried out..	...	...	...	...	...	64
-------------------------------------	-----	-----	-----	-----	-----	----

### OFFENSIVE TRADES.

No. of businesses in District	...	...	...	...	5
No. of inspections made	...	...	...	...	6
No. of contraventions found..	...	...	...	...	-
No. of contraventions remedied	...	...	...	...	-
No. of contraventions outstanding at end of year	...	...	...	...	-

### RODENT CONTROL.

No. of premises inspected	...	...	...	...	975
No. of premises found infested	...	...	...	...	293
No. of visits made	...	...	...	...	2,390

### REMOVAL OF HOUSEHOLD REFUSE.

No. of new dustbins provided by Statutory action	...	36
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### SANITARY DEFECTS REMEDIED.

#### Dampness.

No. of roofs renewed or repaired...	...	...	...	33
No. of eavesgutters and rainwater pipes repaired or renewed	...	...	...	24
Yard surfaces repaired or relaid...	...	...	...	5

#### Other Work.

No. of walls repaired..	...	...	...	...	20
No. of walls rendered or repointed.	...	...	...	...	10
No. of ceilings repaired	...	...	...	...	3
No. of floors repaired	...	...	...	...	10
No. of chimney stacks repaired or rebuilt	...	...	...	...	5
No. of firegrates repaired or renewed	...	...	...	...	6
Damp proof courses provided and dampness remedied	...	...	...	...	7
No. of doors and windows repaired or renewed...	...	...	...	...	27
Rooms cleansed...	...	...	...	...	2
Offensive accumulations removed	...	...	...	...	3
Sufficient water supply provided...	...	...	...	...	2
Staircases repaired or renewed	...	...	...	...	1
Nuisances from animals abated	...	...	...	...	1

### SWIMMING BATHS AND POOLS.

No. of Swimming Baths in the District	...	...	...	...	1
No. of samples taken (Bacteriological)	...	...	...	...	13
No. of samples satisfactory	...	...	...	...	13

### TENTS, VANS, SHEDS, ETC.

No. of inspections made	...	...	...	...	...	53
No. of contraventions found	...	...	...	...	...	-

### WATER SUPPLY.

No. of samples taken for Analysis	...	...	...	...	12
No. of samples satisfactory	...	...	...	...	12

### RIVER WATER.

No. of samples taken	...	...	...	...	...	18
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### WELL WATER.

No. of samples taken	...	...	...	...	...	15
No. of samples satisfactory	...	...	...	...	...	14

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## H O U S I N G.

### REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

No. of dwelling-houses where defects were remedied in consequence of informal action by the Local Authority or their Officers..	...	...	...	...	...	58
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### ACTION UNDER STATUTORY POWERS DURING THE YEAR.

#### (A) Proceedings under the Public Health Acts.

##### Section 93.

- (1) No. of outstanding Notices carried over from previous year... 8
- (2) No. of dwelling-houses in respect of which Abatement Notices were served requiring defects to be remedied... 29



(3)	No. of dwelling-houses in which defects were remedied after service of Formal Notices:- ... ..	
(a)	By Owners ... ..	29
(b)	By Local Authority in default of owners ...	-
(4)	No. of Notices outstanding at end of year... ..	8

#### Section 45.

(1)	No. of outstanding Notices carried over from previous year ... ..	1
(2)	No. of dwelling-houses in respect of which Notices were served requiring defective water-closets to be repaired ... ..	3
(3)	No. of dwelling-houses where defective water-closets were repaired after service of Formal Notices:-	
(a)	By Owners ... ..	3
(b)	By Local Authority in default of owners ...	-
(4)	No. of Notices outstanding at end of year... ..	1

#### Section 39.

(1)	No. of outstanding Notices carried over from previous year ... ..	5
(2)	No. of dwelling-houses in respect of which Notices were served for the renewing or repairing of existing drains ... ..	28
(3)	No. of dwelling-houses where the existing drains were renewed and cleansed:-	
(a)	By Owners ... ..	27
(b)	By Local Authority in default of owners ...	3
(4)	No. of Notices outstanding at end of year... ..	3

#### Section 138 and Water Act, 1945. Section 30.

(1)	No. of dwelling-houses in respect of which Notices were served requesting Owner to provide water supply in pipes ... ..	-
-----	---	---

(2)	No. of dwelling-houses in which water supply was provided after service of Formal Notices:- ... ..	
(a)	By Owners ... ..	-
(b)	By Local Authority in default of owners ...	-
(3)	No. of Notices outstanding at end of year... ..	-
(B)	<u>Proceedings under Sections 9 and 10 of the Housing Act, 1957.</u>	
(1)	No. of dwelling-houses in respect of which Notices were served requiring repairs... ..	-
(2)	No. of dwelling-houses which were rendered fit after service of Formal Notices:-	
(a)	By Owners ... ..	-
(b)	By Local Authority in default of owners ...	-
(C)	<u>Proceedings under Sections 16 and 17 of the Housing Act, 1957.</u>	
(1)	No. of dwelling-houses in respect of which Notices were served under Section 16 ... ..	3
(2)	No. of dwelling-houses in respect of which Demolition Orders were made ... ..	2
(3)	No. of dwelling-houses demolished in pursuance of Demolition Orders... ..	-
(4)	No. of dwelling-houses in respect of which Closing Orders were made ... ..	1
(5)	No. of dwelling-houses closed in pursuance of Closing Orders ... ..	1
(6)	No. of dwelling-houses rendered fit in consequence of Undertaking given by Owner... ..	-
(7)	No. of dwelling-houses in respect of which Undertaking from owners accepted not to re-let houses for human habitation ... ..	-
(8)	No. of Local Authority owned houses certified unfit by Medical Officer of Health ... ..	1
(9)	No. of Local Authority owned houses demolished in pursuance of Medical Officer of Health's Certificate... ..	11

(D) Proceedings under Section 18 of the Housing Act, 1957.

- (1) No. of separate tenements or underground rooms in respect of which Closing Orders were made ... .. ~
- (2) No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.. ... -

(E) Housing Act, 1957. Overcrowding.

- (1) (a) No. of dwellings overcrowded at the end of the year... .. ) Not  
(b) No. of families dwelling therein ... .. ) Known.  
(c) No. of persons dwelling therein ... .. )
- (2) No. of new cases of overcrowding reported during the year... .. 2
- (3) (a) No. of cases of overcrowding relieved during the year ... .. 14  
(b) No. of persons concerned in such cases ... .. 53
- (4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding ... Not Known.

CLEARANCE OF UNFIT HOUSES.

Seven compulsory purchase orders were confirmed during the year, comprising 91 houses and affecting 249 persons. In confirming the Orders, the Minister reclassified 8 of the houses from "pink" to "grey".

Since slum clearance recommenced in the post-war period, 792 dwellings have been demolished or closed, and 2,695 persons have been rehoused. These included 100 pre-fabricated dwellings which had served their useful life.

The problems of housing for a local authority are dealt with from a number of different approaches, broadly covering the provision of new houses, the clearance of the obsolete ones, the repair of, and the improvement of houses. It is this latter problem which requires further attention in places such as Wrexham. A large proportion of dwellings are Council owned, and there are many modern private houses - all these having amenities such as baths, hot water etc. There remain a considerable number of substantial, well built houses which are obviously destined to last to the end of the present century. These are simply lacking the amenities provided in modern houses, - indeed, if such items

were provided in these houses, many people would prefer them to Council dwellings for a variety of reasons.

Despite the efforts of the Ministry of Housing and Local Government with discretionary and standard improvement grants, the response from owners of property has not been what was hoped for. Applications, in the main, have been received from owner-occupiers, but tenants of houses, even though willing and indeed anxious to enjoy the benefits of an improved house, are not being catered for.

A survey of houses suitable for improvement in Wrexham, was carried out by the Public Health Inspectors towards the end of the year, and all relevant information was forwarded to the Borough Surveyor and Town Clerk. Owners of 130 houses, most of them let to tenants, were then approached with all the information concerning improvement grants, but, unfortunately, there has been a completely negative response.

Powers to compel the improvement of suitable houses would be a most useful instrument in the hands of local authorities, and I am certain would result in a considerable reduction in the waiting lists for local authority houses.

#### THE RENT ACT, 1957.

Details of work during the year are as follows:-

No. of Applications for Certificates of Disrepair				
	(Form I)...	...	...	2
No. of Decisions not to issue Certificates..	...	...	...	-
No. of Proposals to Issue (Form J) ...	...	...	...	3
No. of Undertakings received (Form K).	...	...	...	2
No. of Certificates of Disrepair issued (Form L)..	...	...	...	1
No. of Cancellations applied for (Form M)...	...	...	...	-
No. of Cancellations issued ...	...	...	...	-

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#### SUPERVISION OF FOOD SUPPLIES.

The undermentioned table gives details of the number and type of food premises within the Borough, and the number of inspections made during the year.

	<u>No. in</u> <u>district.</u>	<u>No. of</u> <u>inspections made.</u>
Bakehouses ... ..	22	173
Butchers' Shops. ... ..	42	115
Cafes, Restaurants and Snack Bars.	23	94
Dairies and Milk Shops ... ..	31	67
Fried Fish Shops ... ..	16	37
Fruit and Greengrocers ... ..	45	11
General Provision Shops ... ..	106	237
Hotels and Public Houses ... ..	60	88
Ice-Cream Premises ... ..	132	47
Wet Fish Shops.. ... ..	11	24
Cake Shops ... ..	13	58
Sweet Shops ... ..	42	46

### FOREIGN BODIES IN FOOD.

Fifteen complaints concerning foreign bodies in food were investigated during the year, and legal proceedings were instituted in respect of two of these. Total fines of £60 were imposed.

### FOOD AND DRUGS ACT, 1955.

A total of 68 Formal samples and 8 Informal samples were taken under the provisions of this Act during the year.

The articles sampled were as follows:-

<u>Formal.</u>	<u>Informal.</u>
Milk ... .. 68.	Milk ... .. 7
	Bread ... .. 1

The informal sample of bread was reported as "Not Genuine".

I am indebted to Mr. T.H. Evans, Inspector of Weights and Measures, Denbighshire County Council, for the following details of his work in the Borough during the year.



Article.	No. Taken.	Genuine.	Not Genuine, or Sub-Standard.
Milk	57	57	-
Butter	2	2	-
Oatmeal	1	1	-
Sago	1	1	-
Tinned Meat	1	1	-
Meat Paste	1	1	-
Sausages	3	3	-
Fish Paste	2	2	-
Tinned Peas	1	1	-
Dried Peas	1	1	-
Dried Mint	1	1	-
Pickled Onions	1	1	-
Salad Cream	1	1	-
Tea	2	2	-
Cocoa	1	1	-
Jam	1	1	-
Sugar	1	1	-
Honey	1	1	-
Condensed Milk	1	1	-
Mincemeat	1	1	-
Ice-Cream	3	3	-
Ice-Lollies	2	2	-
Soft Drinks	1	1	-
Beer	3	3	-
Rum	1	1	-
Port Wine	1	1	-
Saccharin Tablets	1	1	-
Calomel Tablets	1	1	-
Borax	1	1	-
TOTALS	95	95	-

All the samples were certified by the Public Analyst to be free from all prohibited preservatives and colouring matter.

In addition to the milk samples submitted to the Public Analyst during the year, seventy-eight samples of milk taken from Schools and Institutions in the Borough of Wrexham were tested in this office by the Inspectors. All of these samples were found to be up to the presumptive standards prescribed by the Sale of Milk Regulations, 1939.

## DUTIES RELATING TO ICE-CREAM.

There are 132 registered premises for ice-cream including two manufacturers.

During the year the following samples were taken:-

Bacteriological - 25. These were graded as follows by the Public Health Laboratory Service:-

Grade 1	...	17
Grade 2	...	2
Grade 3	...	4
Grade 4	...	2

Eleven samples were submitted to the Public Analyst for chemical analysis, and were found to be up to the required statutory standard.

## INSPECTION OF MEAT.

The number of animals slaughtered at the Abattoir, 51,142, was an increase of 6,411 on the previous year. Even so, the Abattoir is far from being used to its full capacity, and this is regrettable when one considers the facilities provided and the very reasonable tolls charged.

	CATTLE EXCLUDING COWS.	COWS.	SHEEP AND LAMBS.	PIGS.	CALVES.
No. Slaughtered.	3,240	554	30,290	15,937	1,121
No. Inspected.	*3,298	554	*49,719	*15,972	*1,129
<u>DISEASE EXCEPT TUBERCULOSIS AND CYSTICERCI.</u>					
Whole carcasses condemned.	3	14	65	20	11
Carcasses of which some part or organ was condemned.	960	385	1,013	472	14
% of No. inspected affected with disease other than Tuberculosis and Cysticerci.	29.2%	72.0%	2.2%	3.1%	2.2%
<u>TUBERCULOSIS.</u>					
Whole carcasses condemned.	1	-	-	-1	-
Carcasses of which some part or organ was condemned.	31	1	-	411	-
% of No. inspected affected with Tuberculosis.	.97%	.2%	-	2.6%	-
<u>CYSTICERCOSIS.</u>					
Carcasses of which some part or organ was condemned.	14	-	-	-	-
Carcasses submitted to treatment by refrigeration.	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-

\* This figure includes dressed carcasses and imported meat brought into the Abattoir.

Total weight of meat condemned during the year:-

21 tons 4 cwt. 3 qrs. 9 lbs.

CANNED AND OTHER FOOD ETC. CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

Tinned Foods	3,512 $\frac{3}{4}$ lbs.	Icing Sugar	4 lbs.
Fats	35 $\frac{1}{2}$ lbs.	Fish	112 lbs.
Potatoes	2,240 lbs.	Cake	12 lbs.
Beverages	3 $\frac{3}{4}$ lb.	Sausages	7 $\frac{1}{4}$ lbs.
Cheese & Cheese Bits	57 lbs.	Orange Drink	5 lbs.
Salt	3 lbs.	Flour	21 lbs.
Biscuits	558 $\frac{3}{4}$ lbs.	Sweets	41 lbs.
Ground Rice	28 lbs.	Cereals	107 $\frac{1}{2}$ lbs.
Preserves	10 $\frac{3}{4}$ lbs.	Pickles	2 $\frac{1}{2}$ lbs.
Sago	12 lbs.	Miscellaneous	23 $\frac{1}{4}$ lbs.
Rice Pudding	11 $\frac{1}{2}$ lbs.		

TOTAL:- 6,805 $\frac{1}{2}$  lbs.

Percentage classifications are as follows:-

Home	55.6%	=	3,784 $\frac{3}{4}$ lbs.
Empire	15.7%	=	1,067 $\frac{1}{4}$ lbs.
Foreign	28.7%	=	1,953 $\frac{1}{2}$ lbs.
	100.0%	=	6,805 $\frac{1}{2}$ lbs.

ABATTOIR REVENUE ACCOUNT.  
YEAR ENDED 31st MARCH, 1961.

	<u>EXPENDITURE.</u>			£.	s.	d.
Premises and Paddocks -						
Electricity, Fuel and Water				1,262	9.	11
Rates, Taxes, Tithe and Insurance				826	5	3
Maintenance and Repairs				788	12	5
Painting				409	4	8
Removal of Manure, Inedible Offals and						
Ashes and Emptying Settling Tank				359	17	10
Chemicals, Cleaning Requisites and Laundry				135	2	3
Wages				2,258	3	8
Equipment				330	17	4
Purchase of Breeze Fan and Freon Gas				27	3	11
Protective Clothing				18	7	5
Repairs to Concrete Road				13	19	-
Removal and Renewal of Fencing				16	18	4
Loan Charges -						
Interest				984	5	2
Principal				1,916	4	3
Debt Management				13	19	4
General Expenses -						
Printing, Stationery and Advertisements				35	4	5
Telephone				48	5	7
Payments for Condemned Carcasses Retained				98	2	7
Salaries, Superannuation and Insurance				1,258	7	6
				<u>£10,801</u>	<u>10</u>	<u>10</u>

	<u>INCOME.</u>			£.	s.	d.	£.	s.	d.
Tolls				6,341	17	10			
Sale of Manure				114	10	-			
Rent of Offices				235	5	-			
Rent of Refrigerator Space				30	-	-			
Sale of Condemned Meat and Offal				159	18	2			
Wayleave (Hughes Bros.)					2	6			
Parking Fee - F.M.C.				26	-	-			
Cold Store Charges				445	7	-			
Cold Store - Rent - F.M.C.				1,200	-	-			
Van Washing					2	-			
Insurance Claim - Loss of Carcase				10	17	-	8,563	19	6
Balance borne by Rate Fund							<u>2,237</u>	<u>11</u>	<u>4</u>
							<u>£10,801</u>	<u>10</u>	<u>10</u>

APPENDIX TO THE ANNUAL REPORT RELATING TO  
THE ADMINISTRATION OF THE FACTORIES ACTS, 1937/1959

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Part 1 of the Act.

1. INSPECTIONS relating to provisions for health made by the Public Health Inspectors during 1961.

	No. on Register.	NUMBER OF		
		Inspections.	Written Notices.	Occupiers Prosecuted.
(i) Factories where Sections 1, 2, 3, 4 & 6 are to be enforced by Local authorities.	50	36	1	-
(ii) Factories not included above where Section 7 is to be enforced by the local authority.	185	135	2	-
(iii) Other premises where Section 7 is to be enforced by the local authority.	-	-	-	-

2. Cases in which DEFECTS were found

No cases of defects due to want of cleanliness, overcrowding, unreasonable temperature, inadequate ventilation or ineffective drainage of floors, were found. Three cases of defective sanitary accommodation were found, as shown in the next table.

	No. of cases with defects found				
	Found.	Remedied.	Referred		Prosecuted.
			To H. M. Inspector.	By H. M. Inspector.	
Sanitary conveniences (Section 7):					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	2	2	-	2	-
(c) Not separate for the sexes	-	-	-	-	-
Total defects under Part 1 of the Act	3	3	-	2	-



Part VIII of the Act. Outwork (Sections 110 and 111).

Nature of Work.	S e c t i o n 110.		
	No. of out- workers in August list as required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council.	No. of prose- cutions for failure to supply lists.
Wearing apparel: making etc.	1	-	-
Curtains and furniture hangings.	2	-	-
Furniture and upholstery.	1	-	-
Total.	4	-	-

No instances relating to Section 111 (unwholesome premises)  
were known.



